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ABSTRACT

A project was designed to implement a curriculum for a short-term re-entry course for licensed practical nurses (LPN) who wish to return to employment after some absence. Southeast Community College used an advisory committee of RNs and LPNs to assist in identifying objectives, content, and method of instruction. A survey questionnaire was mailed to inactive LPNs to ascertain needs and inform them of the project. Existing curriculum materials (LPN curriculum and RN refresher curriculum) were used as resources. Participants were contacted afterwards to aid in course evaluation. The curriculum was disseminated throughout the state. Materials developed as a result of the project were course objectives, course curriculum including case studies of nursing problems, and a bibliography. Mid-course and end-of-course evaluations were very positive and the project is expected to continue. (Included in the document is a sample course survey, summary of questionnaire returns, letter to participants, memo to inactive nurses explaining the program, response card, and the curriculum guide. The curriculum guide contains the course syllabus, list of steering committee members, course objectives, evaluation form, and course content, including: introduction to the course, update in nursing, update of LPN skills, case studies, and considerations for employment.)
(Author/CT)

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ED164986

FINAL REPORT

Exemplary Programs & Projects
Vocational Education Amendments of 1968
Public Law 90-576

CURRICULUM DEVELOPMENT OF RE-ENTRY
COURSE FOR LICENSED PRACTICAL NURSES

CAROL EGGLAND

SOUTHEAST COMMUNITY COLLEGE

DURATION OF PROJECT - ONE YEAR

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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NEBRASKA STATE DEPARTMENT OF EDUCATION
AND
NEBRASKA RESEARCH COORDINATING UNIT
LINCOLN, NEBRASKA 68508

V-1

CE 019 643

ABSTRACT

TITLE OF THE PROJECT: Curriculum Development of Re-Entry Course for Licensed Practical Nurses

PROJECT DIRECTOR: Carol Eggland

APPLICANT ORGANIZATION: Southeast Community College

DURATION OF THE PROJECT: 14 months initially; on-going project

TOTAL FEDERAL FUNDS REQUESTED: \$5,283

PURPOSES OR OBJECTIVES: Design and implement a curriculum for a short-term re-entry course for licensed practical nurses who wish to return to employment after some absence. The legislature is presently developing guidelines for the State Board of Nursing to implement which will spell out conditions under which a nurse can return to active status after being inactive. These guidelines will contain some combination of continuing education and work experience.

PROCEDURES:

1. Use an advisory committee of RN's and LPN's to assist in identifying objectives, content and methods of instruction.
2. Mail a survey questionnaire to inactive LPN's to ascertain needs and inform them of the project.
3. Use existing curriculum materials (LPN curriculum and RN refresher curriculum) as resources.
4. Follow-up participants and evaluate course.
5. Disseminate curriculum throughout the state.

CONTRIBUTIONS TO VOCATIONAL EDUCATION:

1. Add a new course of study to existing vocational education curricula.
2. Provide a continuing education opportunity which will assist the LPN to return to active licensure status.
3. Serve the needs of LPN's who are unable or unwilling to return to work because of outdated skills and knowledge.
4. Provide a model for other agencies.

This project was patterned after the refresher course developed RN's, with appropriate modifications. The philosophy and planning process are quite similar because the first model has proved so successful.

The major effort was directed at surveying known inactive LPN's and developing a curriculum specific to their needs for continuing education and the level of their education and skill.

Particular thanks to Steering Committee members:

Betty Butts
Marge Bryan
Phyllis Kendle
Linda Liston
Margaret Pavelka
Kate Schrepf
Joyce VanOsdol

and to Jill Scott and Peggy Schainost for curriculum development.

II. Organization of Project

- A. Formation of steering committee representing nursing service, LPN program faculty, State Board of Nursing and practicing LPN's
- B. Assessed needs of population
- C. Gathered curriculum materials
- D. Developed objectives
- E. Planned course content
- F. Located clinical facilities and resources for program
- G. Recruited students
- H. Implemented the course

III. Results

A. Materials developed include:

- 1. Course objectives
- 2. Course curriculum including 6 case studies of nursing problems
- 3. Bibliography and reprinted articles
- 4. Evaluation tool
- 5. One class of 7 has been held; a 2nd class is scheduled for April, 1979
- 6. Project director wrote an article describing development and implementation of a refresher course which will be published in a 1979 issue of Journal of Continuing Education in Nursing

IV. Revisions

Mid-course and end-of-course evaluations were very positive. No changes are being planned in the course until we have a larger sample from which to evaluate. A survey was conducted to determine the preferred time to offer the course, and modifications may be made in that area.

V. Review of Literature

No resource material specific to LPN-level refresher courses was located. A few community colleges offer a refresher course which is all classroom work without clinical experience. Published materials relating to RN course include:

- A. Hauer, Romm, Hawkins, "Coming of Age of a Refresher Program", AJN, Volume 75, No. 1., January 1975, pp. 88-91.
- B. Hospital Research and Educational Trust, Training and Continuing Education, A Handbook for Health Care Institutions, Chicago: HRET, 1970.
- C. U. S. Department of H.E.W., A Refresher Course for Registered Nurses, A Guide for Instructors and Students, Bethesda, MD, p. 7.
- D. Ruth Stryker, Back to Nursing, A Guide to Current Practice for Active and Inactive Nurses, 2nd ed., Philadelphia: W. B. Saunders Co., 1971, p. 8.

Non-published included course outlines from Oregon, Illinois, Wisconsin, Ohio, Iowa, and others.

LPN REFRESHER COURSE SURVEY

1. Please indicate your interest in a LPN Refresher Course starting in Lincoln in the spring of 1978.
- | | |
|--|---|
| ☐ no interest | ☐ would be interested in a year or so |
| ☐ some interest | ☐ would prefer to wait for a course closer |
| ☐ very interested | ☐ to home |
2. If you do have some interest, what is the most important reason you would enroll in such a class.
- | |
|---|
| ☐ because I want to return to work within a year |
| ☐ because I need to update my knowledge |
| ☐ because I am interested |
3. If NO, why are you not interested
- | |
|---|
| ☐ child care a problem |
| ☐ uninterested in working at this time |
| ☐ location is inconvenient |
| ☐ uncertain about ability to return to studies |
| ☐ lost interest in nursing |
| ☐ prefer not to work |
| ☐ jobs are not available |
-
4. Are you a graduate of a program in nursing? ☐ Yes ☐ No
5. If yes, how long was your program?
- | | | |
|-----------------------------------|------------------------------------|--------------------------------|
| ☐ 6 months | ☐ 12 months | ☐ other |
| ☐ 9 months | ☐ 18 months | |
6. Date of graduation: _____
7. When were you last employed in nursing:
- | | |
|---|---|
| ☐ within the last year | ☐ 11-15 years ago |
| ☐ 2-5 years ago | ☐ 16-20 years ago |
| ☐ 6-10 years ago | ☐ more than 20 years ago |
8. Employment Information:
Place of Employment; Town; Kind of Nursing; When; Full/Part Time; Length
- _____
- _____
- _____
- Type of duties expected to perform:
- _____
- _____
- _____
- Type of duties NOT expected to perform:
- _____
- _____
- _____

9. The primary emphasis in the LPN refresher course will be on medical surgical nursing. Please list any other areas of interest:

10. Licensure:

☐ currently licensed in Nebraska - inactive
☐ currently licensed in Nebraska - active
☐ currently licensed in _____ state - inactive
☐ currently licensed in _____ state - active
☐ other (explain)

11. If I were to take the refresher course, I would hope to:

12. If I were to take the refresher course, I would be concerned that:

13. This questionnaire was mailed to licensed, inactive nurses in the 15 county area of Saunders, York, Fillmore, Thayer, Seward, Saline, Jefferson, Lancaster, Gage, Cass, Otoe, Johnson, Pawnee, Nemaha, and Richardson counties. If you know any interested nurses who did not receive a questionnaire, please list:

NAME: _____
ADDRESS: _____
TOWN & ZIP: _____

14. My age is:

☐ 21-30 ☐ 41-50 ☐ over 60
☐ 31-40 ☐ 51-60

15. Questions I have about the LPN refresher class:

16. MY NAME:

ADDRESS: _____

TOWN & ZIP: _____

SUMMARY OF LPN QUESTIONNAIRE
RETURNS AS OF JAN. 25, 1978

- 30 Very Interested
- 22 Some Interest
- 15 Interested in 1 year or more from now
- 6 No Interest
- 14 Need course closer to home

Age group of respondents

- 49 21-30
- 12 31-40
- 6 41-50
- 4 51-60
- 5 over 60

When last worked

- 4 Never
- 16 Within last year
- 37 2-5 years ago
- 12 6-10 years ago
- 5 More than 10 years ago

cc Southeast *community college*

ROBERT S. EICHER, Area President

Licensed Practical Nurse Refresher Course
1801 So. 40 Street
Lincoln, NE 68506

March 8, 1978

Dear Nurse:

Thank you for responding to our questionnaire. Our refresher course for LPN's will begin April 17 and conclude May 31. It will meet on Monday, Tuesday, and Wednesday of each week, except for the afternoon of April 19 and May 29. Hours will be 9-3 p.m. on class days and 7-3 p.m. on clinical days, except for April 24 which will be 3-10 p.m.

The course will include time in the nursing arts lab to review equipment and procedures, certification in Basic Life Support, and classroom time devoted to the following case studies: 1) maternal-child, 2) toddler with respiratory problems, 3) adolescent with diabetes, 4) middle-aged adult with cancer and a colostomy, 5) older adult with congestive heart failure and 6) an elderly patient with arthritis and total hip replacement.

Clinical experience will be scheduled at St. Elizabeth's Hospital in medical-surgical units. Experience in other areas of the hospital or other community facilities can be arranged.

Class days will be held at Lincoln Area Health Education Center (formerly Bethesda-Providence Hospital) on the 3rd floor. We suggest you "brown bag" your lunch on April 17 and 18. Coffee and pop is available. Comfortable street clothes are appropriate for class days and a white uniform and shoes will be needed for clinical days. Cap is optional.

Registrations will be accepted in the order they are received and will be limited to 20. Tuition is \$90.00, payable on April 17.

The following details need to be accomplished prior to April 17:

Obtain a current Nebraska nursing license. Bring 1st week of class.

Obtain your own professional liability insurance through the company which provides your household insurance, or through Nebraska Nurses' Association, or St. Paul Fire, or Globe Indemnity Company. Bring policy first week of class.

We look forward to having you join us for an interesting, rewarding, and updating experience to help you back into the world of nursing.

BEATRICE CAMPUS

Box 767
Beatrice, Ne 68310

FAIRBURY CAMPUS

10th & K Street
Fairbury, Ne 68352

LINCOLN CAMPUS

2120 So. 56th St.
Suite 206
Lincoln, Ne 68506

MILFORD CAMPUS

Milford, Ne 68405

memo:

date: July, 1978

to: Inactive LPN's, Southeast Nebraska

from: Carol Eggland

We had our first refresher course for LPN's in April and May and plan to have another course in the spring of 1979. Since we have had some requests for an evening course, we would like your response to the enclosed questionnaire.

The course is 44 hours of class and 90 hours of supervised clinical practice at St. Elizabeth Community Health Center or Lincoln General Hospital in medical surgical units. Included in the course is time in nursing arts lab to review equipment, procedures and medications, certification in Basic Life Support and case studies of 1) maternal child, 2) toddler with respiratory problems, 3) adolescent with diabetes, 4) middle-aged adult with cancer and a colostomy, 5) older adult with congestive heart failure, and 6) elderly patient with arthritis and total hip replacement.

Tuition is presently \$90.00 plus a textbook.

You have or will be receiving information from the State Board of Nursing regarding license renewal, continuing education and hours of practice required. The law (LB 658) as presently written calls for 200 hours of practice of nursing and 20 hours of continuing or inservice education in the previous 5 years (to take effect for January, 1981 license renewal). If those requirements are not met, 75 hours of approved (by the Board of Nursing) continuing education will be needed to renew the license.

It is anticipated that the refresher course will satisfy the entire continuing education requirement and part of the practice of nursing requirement.

To help us better meet your educational needs, please return the enclosed questionnaire.

LPN REFRESHER COURSE

TABLE OF CONTENTS

COURSE DESCRIPTION

COURSE OBJECTIVES

EVALUATION FORM

- Unit I Introduction to Course
- Unit II Update in Nursing
- Unit III Update of Licensed Practical Nursing Skills
- Unit IV Case Studies:
 - No. 1 Normal Newborn: pregnancy, labor, delivery, and post-partum
 - No. 2 Toddler with pneumonia
 - No. 3 Adolescent with Diabetes
 - No. 4 Middle Adult with Cancer and Colostomy
 - No. 5 Later Adult with Coronary Artery Disease,
 Congestive heart failure, including Death and Dying
 - No. 6 Elderly with Arthritis, Total Hip Replacement and
 Rehabilitation
- Unit V Considerations for Employment

SYLLABUS

NAME OF COURSE:

Licensed Practical Nurse Refresher

COURSE DESCRIPTION:

A study of current concepts, trends and techniques utilized by the LPN as a practicing member of the health care team today.

Course content is organized around seminars using the case study method. The concepts of: Normal body functions; psychological aspects; physical adjustments; mobility impairment; fluid and electrolyte imbalance; hormonal changes and oxygen needs will be reviewed including updated information relating to common medical-surgical conditions. The case studies also follow a growth and development continuum from birth to old age and begin with less complex nursing problems and build upon the participants increasing knowledge to more complex patient problems. Discussion of nursing care will include: identification of individual patient needs, drugs, therapeutic management, teaching, rehabilitation and planning for continuity of care.

Considerable class time is also spent on nursing as practiced today, the health team, charting and legal responsibilities pertaining to safe and effective practice. Participants complete requirements for American Heart Association Certification in performing CPR. A portion of the clinical time initially will be in a practice laboratory setting to provide the participant an opportunity to review previously acquired skills and become familiar with new techniques relating to procedures, equipment, medications and charting. Clinical experience is held in hospitals and may include extended care facilities in selected situations. An observation and orientation is provided which progresses to patient care on medical surgical units.

FOR WHOM COURSE IS INTENDED:

Inactive Licensed Practical Nurses

PREREQUISITES:

Licensed Practical Nurse with current license in the State of Nebraska.

LENGTH OF COURSE:

Seven weeks

TOTAL CLASS/CLINICAL HOURS PER COURSE:

134 Hours (Class=44 - Clinical=90)

NUMBER OF CLASS/CLINICAL DAYS PER WEEK:

Three days

PURPOSE OF THE COURSE:

To provide selected experiences in the classroom and clinical setting which will prepare the licensed practical nurse who has not been recently employed to return to active nursing practice with ease and confidence. The refresher course is considered an initial step in the re-entry process.

INSTRUCTIONAL METHODS:

1. Lecture (instructors and guest speakers)
2. Demonstration and practice in nursing art laboratory.
3. Case study presentation with group discussion.
4. Audiovisual: Films, cassette tapes, transparencies.
5. Handouts
6. Course syllabus including expected student performance.
7. References - as indicated on outline, library pamphlet file, Nurse Refresher card file.
8. Care of selected patients in clinical facilities.
9. Clinical conferences.
10. Skill Inventory list.
11. Field trips

EVALUATION SYSTEM:

1. Attainment of objectives for clinical performance
2. Student's Diary
3. Instructor's anecdotal notes
4. CPR Examination for American Heart Association Certificate
5. Participation in and preparation for class
6. Self-evaluation

MATERIALS:

1. Course Syllabus
2. Basic Medical Surgical Nursing Book by Mildred A. Mason Third Edition, 1974, MacMillon Publishing Co., Inc. N.Y.
3. Practical Nursing Procedure Manual from SECC

LPN NURSE REFRESHER STEERING COMMITTEE MEMBERS

Betty Butts
Bryan Memorial Hospital

Marge Bryan
Veterans Hospital

Phyllis Kendle
Southeast Community College

Linda Liston
Southeast Community College

Margaret Pavelka
State Board of Nursing

Kate Schrepf
Madonna Professional Care Center

Joyce VanOsdol
Lincoln General Hospital

Developmental funds were provided through a grant from the State Department of Education Exemplary Funds.

Project Director - Carol Eggland, B.S.N., M.A.

Curriculum Writers - Jill Scott, B.S.N. and Peggy Schainost, B.S.N.

LPN NURSE REFRESHER

COURSE OBJECTIVES

The participant in the course will be able to:

1. Reactivate previously acquired knowledge and skills needed to provide safe effective nursing care under the direction of a qualified health professional.
2. Acquire additional knowledge and skills that are included in the role of the practicing LPN today.
3. Identify current licensed practical nursing concepts, trends, and related legal aspects.
4. Refine observation, evaluation and communication techniques.
5. Participate as an active member of the health care team while providing direct nursing care to selected patients.
6. Update knowledge of growth and development principles throughout the life cycle via selected case studies of common disease processes with related clinical application.
7. Develop an awareness of the community resources available for the patient which will provide total care to the infirmed, convalescent and/or home-bound.
8. Demonstrate continued vocational growth by utilizing the available resources which will aid in present and ongoing growth process.
9. Progress into an orientation program with ease to become an active member of the health team.

NURSE REFRESHER

EVALUATION FORM

O = Outstanding

S = Successful

NI = Needs Improvement

NO = Not Observed

COURSE OBJECTIVE	BEHAVIOR	O	S	NI	NO	COMMENTS
1. Reactivates previously acquired knowledge and skills	a. Utilizes previously acquired knowledge and skills as a basis to assess present needs for updating					
2. Acquires additional knowledge and skills that are included in the nursing role today	a. Demonstrates preparation for class by offering applicable input to discussion b. Demonstrates preparation for patient care assignment by completing nursing care plan, medication cards and reviewing assigned procedures and treatments c. Performs nursing skills by utilizing appropriate techniques d. Completes cardiopulmonary resuscitation course					
3. Identifies current concepts, trends and legal aspects of nursing practice	a. Replaces previous concepts with those currently accepted when participating as a member of the health team b. Utilizes knowledge of legal aspects relating to the practice of nursing c. Provides and maintains a safe environment					
4. Refines observations and communication techniques	a. Interprets verbal and non-verbal communication effectively to meet the individual need of the patient					

COURSE OBJECTIVE	BEHAVIOR	O	S	NI	NO	COMMENTS
	b. Utilizes effective communication skills when developing interpersonal relationships with the patient and/or family and all members of the health team c. Charts and reports promptly in clear and concise manner d. Identifies patient and/or family needs and institutes appropriate teaching					
5. Participates as an active member of the health care team while providing direct nursing care to selected patients.	a. Assesses patient needs in order of priority b. Plans and implements appropriate nursing care in an organized and safe manner c. Evaluates nursing actions and institutes appropriate adaptations					
6. Updates knowledge of growth and development principles throughout the life cycle via selected case studies of common disease processes with related clinical application	a. Relates pathophysiology of the disease process, including diagnostic procedures, treatments and medications when planning individualized patient care b. Interprets the effect of diagnostic procedures, treatments, and medications on the patient and institutes appropriate nursing knowledges c. Anticipates possible complications and utilizes appropriate nursing action					
7. Develops an awareness of the community resources available for the patient which will provide complete care to the infirmed convalescent and home-bound.	a. Recognizes need for continued care b. Identifies community resources which best meet the needs of the patient and/or family members					

COURSE OBJECTIVE	BEHAVIOR	O	S	NI	NO	COMMENTS
8. Demonstrates continued vocational growth by utilizing the available resources which will aid in present and on-going growth process.	a. Recognizes own strengths and weaknesses b. Identifies own learning needs and selects experiences which will fulfill these needs c. Utilizes appropriate resource materials and persons when applicable d. Seeks and accepts assistance and supervision when necessary e. Completes classroom and clinical responsibilities and utilizes time wisely f. Continually accepts more responsibility g. Guards confidential information					
9. Progress into an orientation program with ease to become an active member of the health team	a. Meets the objectives of this course					

COMMENTS:

Total number of course hours - 13

Completed

(90) Clinical _____

(40) Class _____

INSTRUCTOR: _____

FOLLOWUP: 6 Months:

Plans for the future:

1 Year:

2 Years:

I have read this evaluation _____.

☐ I do agree to have this evaluation
 released as an employment
☐ I do not reference.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify expectations of the instructor and participate in the LPN Refresher Course.	I. Introduction to Course A. Overview 1. Course description 2. Course purpose 3. Course objectives 4. Skill inventory guide 5. Facilities a. Classroom b. Practice lab c. Clinical d. Library 6. Evaluation a. Clinical objectives e. Other 7. General information a. Uniforms b. Parking c. Student policies 1) Attendance 2) Illness	Handout: Course Syllabus Discuss: Course review Tour facilities: Classrooms Practice laboratory Clinical sites Library Handout: Welcome tag Name tag Lecture: Coordinator of present LPN program. Group discussion: Rationale for updating knowledge and ongoing process. Read: Smith, Joyce M., "Sharing Half Century Retread" <u>Nursing 76</u> , 9:61. Zackery, Fay Nedra and June R. Grace, "If You Ever Need to Return to Nursing, Here's How", <u>RN</u> 9:75, p. 105-108.	The nurse can: 1. Identify what is expected of him/her in this course. 2. Become familiar with his/her surroundings.
Recognize the needs, problems and methods utilized to update the LPN refresher student.	B. Operation Retread 1. Steps a. Orient to changing role b. Update knowledge and skills c. Learn new procedures d. Practice to gain confidence 2. Problems a. Lack of time to learn b. Fear of failure c. Institutional barriers 3. Ongoing Education a. Journals b. Procedure references c. Medical dictionary d. Nursing textbooks e. Workshops and educational programs 4. Present awareness a. Acquired informal knowledge b. Refresh studying skills		The participant is able to discuss feelings about updating nursing knowledge and skills.
Identify educational growth which has already occurred in relation to everyday encounters over the past.			The participant is able to recognize educational growth process which has already occurred from everyday encounters over the past.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
		Course Reference Books: 1. Mason, Mildred A., <u>Basic Medical-Surgical Nursing</u>, 3rd edition, 1974, Macmillan Publishing Co., N.Y. 2. Procedure Manual from SCC. Blackboard Demonstration with group participation: 1. What I know has happened regarding changes in nursing. 2. What I know I need to know in relation to what has changed in nursing. Read: "How to Study" Module #2, <u>A Refresher Course for Registered Nurses</u>, p. 101, DHEW pub. no. (HRA) 74-35. Handout blank pieces of paper to answer: 1. How do you feel about the course right now? 2. How would you like to feel at the end of the course?	

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize services available in a modern day health care center	II. Update In Nursing A. Changes in health care centers 1. Ancillary a. Gift shop, volunteers b. Housekeeping 2. Paramedical a. Dietary b. X-ray - radiation c. Laboratory d. Physical therapy e. Occupational therapy f. Research g. Cardio-pulmonary (Inhalation therapy) h. Central Supply (SPD) i. Pharmacy (Unit dose) j. Medical records k. Social Services - discharge planning 3. Automation a. Pneumatic tubes b. Communication centers c. Electrical beds e. Time clocks f. Computers 4. Manpower a. Delegation of duties b. Technician 5. Administration a. Organizational chart 1) Lines of authority b. Board of Governors c. Administrator	Film St. Elizabeth Health Care Center "Human Factor" Tour of hospitals for clinical experience Transparency: Hospital Organizational Chart	List the LPN's role in relation to the following services: 1. ancillary 2. paramedical 3. automative 4. administrative 5. specialty units

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the community resources available to the person in need of health services.	6. Progressive patient care 5 classifications - care according to need - Intensive - CCU, ICU, BTU (1:2 ratio) - Intermediate - recovering from acute illness (large percentage) - Convalescent - extended, long-term - Ambulatory - self help (1:20 ratio) - Home care - public health, visiting nurse, health on wheels	Transparency: Patient Census Classification. Guest lecture: - Extended care facility director - Home care director Tour of extended care facility with clinical experience scheduled during course.	List the community services available to the patient requiring extended or home care.
	7. Specialty units - ICU-CCU-BTU - Medical-surgical - Psychiatric - Chemical Dependency - Pediatric - Orthopedic - Obstetrics - Delivery Room - Post Partum - Nursery: Neonatal I.C. - Gynecology - Operating Room - Emergency Room	Tour of clinical facilities in hospital.	
	8. Architectural Design - Hospital structures - Physician's offices - Clinic - Outpatient - Surgicenter	Transparency: - Single Corridor - Double Corridor - T-Shape - Circular - Pod or Quad System - Freisen Method	
	9. Satellite Hospitals Small community hospital - utilizing services of larger within another area		
	10. Educational programs - Medical - Nursing - Hospital administrator	Discuss: Changing educational setting; cost, location	

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the pros and cons of the hospital providing education versus educational institution in relation to the patient bearing the cost versus society through taxes.	d. Medical social worker e. X-ray, laboratory and OR technician f. Anesthesia g. Dietitian h. Inhalation therapy i. Other		List the changes which have occurred in the educational setting including who carries the cost.
Identify economic, community, technological and legislative changes affecting nursing.	B. Changes affecting nursing 1. Economic a. Sociological 1) Inflation on the part of the consumer b. Hospital 1) Increased costs 2) Increased services 2. Community a. Health education 3. Health resources a. Research and treatment facilities b. Extended care facilities c. Governmental agencies 1) Public health d. Vocational rehabilitation centers 4. Health team a. Referrals 5. Technological a. Specialization 1) Diagnostic 2) Treatment 6. Legislation a. Federal 1) Nurse Training Act - 1964 (funds for education)	Read: Stryker, Ruth, <u>Back to Nursing</u> , "Changes in Our Society Affecting Nursing", pp. 11-20. <u>French, Dynamics of Health Care</u> , pp. 67-81. <u>Rapier, Practical Nursing</u> "Community Health and Welfare", pp. 36-39. Transparency: "The Team Approach to Patient Care" Read: Creighton, Helen, <u>Law Every Nurse Should Know</u> , 3rd ed., pp. 14-22, Appendix 267-271, 119-120, 143.	The participant is able to identify the changes affecting nursing in relation to the following: 1. Increased expense to the consumer and health care center. 2. Public awareness of health needs and expected care. 3. Scientific advancements, research, technology, advanced equipment, transplants, drugs, diagnostic, CAT Scan. 4. Increase in number and location of population. 5. Advance in individual health care demand and expectation. 6. Utilization of technological advances and equipment. 7. Team concepts in health delivery. 8. Increase in need for health professionals - distributed

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	2) Manpower Development and Training Act - 1964 (Funds for refresher courses) 3) Title VI - Civil Rights Act - 1964 (care given without discrimination if receiving federal funds) 4) Title XVIII and XIX - Social Security Amendment - 1965 (Medicare-Medicaid Health care to persons over 65 regardless of financial status) 5) Cancer Heart Disease and Stroke Amendment - 1965 (Regional Medical Program - information to outlying areas) 6) Comprehensive Health Planning and Services Act - 1966-67 (State planning in health services, facilities, and manpower) 7) Social Security Amendment - 1972 - Section 249F of Public Health Law 92-603 creates (HMO) Health Maintenance Organization to assess quality of health care. - HR 1172B - requires ongoing quality assurance programs stressing both health services processes and outcomes and assures that health services provided must qualify standards	Stryker, Ruth, <u>Back to Nursing</u>, "The Law and Nursing Practice", pp. 335-341. For further reference suggestions: Check Nurse Refresher Card File Box entitled "Legal and Ethics" <u>Additional</u>. "Code for Nurses" formulated by ANA, Commission on Nursing Practice, <u>RN</u>, 1976, Aug. p. 20. Johnson, Margie N., "Nurses Must Go To Court, Guilty or Not Guilty", <u>RN</u> Jan. 1977, pp. 38-43. <u>Regan Report</u>, "Unprofessional Conduct: Loss of License", Jan. 1977, Vol. 17, No. 8. Davidson, Sharon Van Sell, <u>PSRO Utilization and Audit in Patient Care</u>, 1976, C. V. Mosby. Wolf, Heidi, "Mandatory CE--It's Time to Keep Up or Get Out", <u>RN</u> 1:77, pp. 39-44. Regan, William A., "Nursing and the Law", <u>RN</u> 1:76, pp. 21-30.	9. Utilization of supportive health occupations. 10. Legislation affecting health care centers, education and manpower. Participate in a group discussion of the federal and state laws governing nursing practice.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	8) National Health Planning and Resources Development Act of 1974 - promotes activities to achieve needed improvements in quality of health services including needs identified by the review activities of PSRO's (Professional Standards Review Organization) under Title XI of the Social Security Act.	"Ethical Dilemmas in Nursing" (Special AJN Supplement) <u>AJN</u> 5:75, pp. 845+. 1. "Nursing Ethics and the Ethical Nurse" 2. "Is This Really Happening to Me?" 3. "Ethics, Moral Conflict and Choice" 4. "The Nurse as Advocate for Whom?" 5. "When Each Extra Day Counts" 6. "The Gray Areas--Who Decides?" 7. "Euthanasia: Should it be a Choice?" 8. "A Time to Die" 9. "A Committee to Decide the Quality of Life" 10. "The Agonizing Decisions in Mental Retardation" 11. "There is Nothing Agonizing About Rights" 12. "Ethical Issues of a Profession in Transition" 13. "Why I Had to Strike" 14. "A Nursing Committee and the Code for Nurses"	
Identify what is included in the Nebraska Nursing Practice Act.	b. State 1) Nebraska Laws Regulating the practice of nursing - LB 422 - Nursing Practice Act - LB 692 - Amendment April 7, 1976 2) Related Nebraska Laws - Good Samaritan - Abortion	NR Reference Notebook Read: Nebraska Nursing Practice Act Bullough, Bonnie, "Nursing Practice Acts" <u>Nsg</u> 77 2:77, pp. 73-81. Rapier, <u>Practical Nursing Legal Aspects of Practical Nursing</u>, pp. 40-47.	Tell what is included in the Nebraska Nursing Practice Act

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify pros and cons of mandatory versus voluntary continuing education in relation to the direction Nebraska is taking.	3) Nebraska: Nursing regulatory body - State Legislature - makes laws - Board of Nursing - carries out the law 4) Licensed Practical Nurse - Definition - Requirements for licensure - Revocation of license - Negligence and malpractice - Endorsement - Continuing education mandatory vs. voluntary	Butherus, Constance, "The Continuing Education Picture" <u>Journal of Practical Nursing</u> , Sept. 77, p. 14. Lecture: Director of the State Board of Nursing Howard, Edward, "Malpractice Insurance, Do You Need It", <u>Journal of Practical Nursing</u> , Febr. 1976, p. 35. Morgan & Morgan, "What About Your Rights" <u>J. of Practical Nursing</u> , Aug. 77, pp. 24-25. Williams, Brooke N., "Malpractice - How Good Is Your Insurance Protection?" <u>Nsg 76</u> 1:76, pp. 81-91. MsCartney, Marilyn L., "In the Witness Box", <u>Nsg 77</u> , April pp. 89-93.	List one way an LPN may lose her license.
Recognize the National trends relating to quality assurance and nursing care.	7. Developments in national trends assurance quality care a. Nursing "Code of Ethics" ANA Commission on Nursing Practice - Aug. 1976 b. Nursing diagnosis, history and assessment c. Peer evaluation review d. PSRO (Professional Standards Review Organization) e. Quality assurance f. Utilization review g. Audit systems h. Informed consent		Define: Peer Review Audits Quality assurance
Recognize the trends in nursing education today.	C. Changes in Nursing Education 1. ANA Position Paper - 1965 a. Utilize institutions of higher learning b. Minimum preparation for beginning professional nursing practice - BSN	Stryker, Back of Nursing, "Nursing Education Programs of Today", pp. 59-76.	

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the various educational programs in nursing today.	c. Minimum preparation for beginning technical nursing practice - ADN d. Assistants in health service occupations - short, intensive pre-service programs in vocational centers 2. Types of Nursing Programs a. LPN - LVN b. Diploma - RN c. Associate Degree - RN d. Baccalaureate in Nursing - BSN e. Non-nursing Degree f. Post-graduate - masters, doctorate 3. Teaching methods a. Programmed learning b. Audio visual c. Concepts and principles d. Individualized instruction e. Wellness - illness continuum		Tell the various programs available in nursing.
Identify the function of the nurse in a variety of present-day roles.	D. Changes in nursing role 1. Job titles - descriptions a. Director of Nursing Service b. Assistant Director of Nursing Service c. Supervisor - Clinical Coordinator d. Head Nurse - Team Leader e. Staff Nurse 2. Expanded Role of the Nurse a. Clinical Specialist b. Nurse Practitioner	Vertical File: "Job Descriptions" Discuss: Qualifications Duties and Functions Read: Stryker, <u>Back to Nursing</u>, "Present Patterns of Nursing" p. 38. Rapier, <u>Practical Nursing</u> "The Hospital" pp. 33-35.	List the LPN's role as it relates to interaction with all members of the nursing team

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Increase knowledge and skills of nursing practices and procedures. Recognize the purpose of the nurse-patient relationship. Utilize the nursing process when providing care to selected patients. Identify the methods of assignment making in nursing.	3. Related personnel roles - LPN - LVN - Nursing Assistant - Technician - Aide - Orderly - Unit - Ward Secretary - Physician's Assistant E. Changes in nursing practices and procedures - Nurse-patient relationship - Purpose - Gather information - Provide information - Identify needs and problems - Allow patient to ventilate feelings - Develop rapport - Communication - Verbal - Non-verbal - Nursing process - Assessment - History - Care plan - Action - Evaluation - Adaptation - Patient assignment - Case - Functional - Team nursing - Delegation of care - Nursing care conference - Primary nursing - Total patient care	Georgopoulos, Basil S. and Christman, Luther, "The Clinical Nurse Specialist: A Role Model", <u>AJN</u> 1970, 5:1030-1039. Stryker, <u>Back to Nursing</u>, pp. 63-73. Altman, Norman "Understanding your Patient's Emotional Response" <u>Journal of Practical Nursing</u>, Oct. 72, pp. 22-25 Mason, Mildred, <u>Basic Medical-Surgical Nursing</u>, 4th ed., 1978, pp. 1-19. "Nursing History", A Refresher Course for Registered Nurses, pp. 316-318, DHEW (Pub. #HRA) 74-35. Discuss: Admission Interview. Discuss: Developing a nursing care plan Kramer, Marlene, "Team Nursing - A Means to an End?", <u>Nursing Outlook</u>, 10:71, pp. 648-652. Daeffler, Reidun Jurkam, "Patient's Perception of Care Under Team Nursing and Primary Nursing", <u>Nursing Digest</u>, Summer, 1976, pp. 47-49.	Tell the advantages of developing a workable nurse-patient relationship. Develop a workable nurse-patient relationship while caring for selected patients. List and define two methods of communication. Tell what is included in the nursing process. Outline what is included in a nursing care plan. Utilize the nursing process while caring for selected patients. Define team nursing. Function effectively as a member of the nursing team while caring for selected patients.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the methods and resources available to the nurse in relation to patient-family teaching.	4. Patient-family teaching a. Methods 1) Formal 2) Informal b. Resources c. Evaluation d. Whose responsibility?	Transparency: "Nursing Organization Traditional-Team Nursing" p. 139 Module #9. Read: Stryker, <u>Back to Nursing</u>, "Teaching Today's Patient", pp. 103-115. Johnson, Dorothy F., <u>Total Patient Care Fundations and Practice</u>, 3rd ed., C. V. Mosby, 1972, pp. 18-20.	Define formal and informal patient-family teaching. Perform appropriate patient-family teaching while caring for selected patients. Utilize resources while performing patient-family teaching.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	III. Update of Licensed Practical Nursing Skills		
Reactivate and review previously acquired skills.	A. Basic nursing care	Stryker, <u>Back to Nursing</u> , pp. 225-242.	Return demonstration of special skills utilizing safe and effective methods in lab setting and while performing care to selected patients.
Recognize the changes and/or new equipment utilized in relation to direct patient care.	1. Vital signs a. TPR, BP b. Apical-radial pulse	SCC LPN Procedure Manual: Temperature Conversion p. 7	
	2. Bed bath - bed making a. Shower chair	Vital Signs pp. 18-24	Develop a working knowledge of supplies while performing nursing care to patients.
	3. Oral hygiene	Bed bath & making p. 55	
	4. Perineal care	Positioning pp. 24-26	
	5. Positioning a. Range of motion exercises 1) Passive - active b. Decubiti 1) Prevention - treatment c. Restraints 1) Safety d. Lifting and moving e. Handrolls, sandbags	Lifting - Moving p. 28	
	6. AC and interim care	Oral Care p. 39	
		Peri Care p. 49	
		AC - Interim Care p. 41	
		Cath insertion & care p. 51	
		Specimen Collection p. 98	
		Demonstration and return demonstrations in practice lab.	
Identify the knowledge and skills necessary to provide safe effective patient care while performing procedures.	B. Procedures	SCC LPN Procedure Manual	Perform proper technique in the lab setting and while performing on selected patient in the clinical setting.
	1. Urine a. Catheterization 1) Insertion 2) Care 3) Collection of specimens a) Voided b) Midstream c) Sterile d) Straining e) 24 hour 4) Removal of catheter b. Clinitest - acetest	General principles of a procedure p. 9	
	2. Bowel a. Enema 1) Soap suds 2) Fleets 3) Oil retention b. Hematest c. Stool specimen	Sound film strips: 1. Do the Sick No Harm 2. Urinary Catheter 3. Peri Care 4. Prevention and Treatment of Decubiti	

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Review knowledge and skills necessary to perform common treatments.	3. Vaginal - Douche - Sitz bath 4. Oxygen administration - Methods - Mask - Cannula - Nasal prongs - IPBP - Safety 5. Hot and cold applications - Methods - Hot water bottle - Ice packs - Ice mattress - Aqua pad - Warm moist packs - Safety	SCC LPN Procedure Manual: Hot and cold applications, p. 81 Elastic Bandage p. 113 Urinal p. 36 Bedpan p. 36 Sutton, Audrey, <u>Bedside Nursing Techniques</u> , 2nd ed., 1969, Mosby, pp. 30-63.	Utilize proper technique in the labs for common treatments and apply when giving care to selected patients.
Identify the knowledge and skills necessary to provide safe effective patient care when using equipment.	C. Equipment - Elastic bandages - TED hose - Binders - Scultetus - Davis and Geck - Other - Urinal - Bedpan - Fracture pan - Commode - Wheel chair - Walkers - Cart - Surgilift - Hoyer hoist - Disposables - Prepackaging - Patient unit - Nursing station	Practice lab: Display and demonstration of specific equipment and supplies. Hospital Tour: Special equipment and supplies. Stryker, <u>Back to Nursing</u> , pp. 145-167.	Develop an awareness of disposable equipment and adopt techniques to utilize properly on the clinical area.
Recognize the changes in equipment in relation to present utilization in the patient care unit.			

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Review proper procedure for charting accurately. Identify method of thorough patient assessment. Identify the legal boundaries involved in charting by the licensed practical nurse.	D. Charting - Records - General rules - Observation - Assessment - Recording - Methods - Formal - block, Time - Informal - POMR (problem oriented medical records) - Legal responsibilities - Incident report - Utilization - Specific forms - Intake - Output - Clinitest-acetest - Graphic - Review of records	Review chart forms. Practice charting. SFS: 1. "Medical Terms and Abbreviations" 2. POMR SCC LPN Procedure Manual: Abbreviations pp. 1-5 General Rules for Charting p. 8 Input - Output, p. 38 Transparency: Incident Report Form Peterson, Gloria, "The Soap Revolution" PT I JPN 8:77 p. 36+ PT II JPN 9:77 p. 32+ Kepmer, Sharon, "Nursing Assessment - Not for RN's Only", JPN 1:77 pp. 37+. *** Films: "The Best of Care" "An Ounce of Prevention" Rapier, Practical Nursing, Use of Drugs, pp. 297-352. Procedure Manual pp. 160-191 and p. 6. Bodner, "IV Therapy" JPN Pt I 8:77 pp. 18-21 Pt II 9:77 pp. 26-27 Stryker, <u>Back to Nursing</u> pp. 168-183.	Return demonstration of charting in lab and while providing care to selected patients. *** Kerr, Avice H., Nurses Notes: "That's Where the Goodies Are", Nursing '76, 2:76, pp. 34-41. Return demonstration in lab on safe and administration of medications. Utilize proper technique while administering medications to selected patients for whom they have been ordered.
Identify role of the LPN in relation to safe effective administration of medications.	E. Medications - Therapeutic agents - drugs - Trade name - generic name - Action - Dose - Route of administration - Expected reaction - Side effects - Review of weights and measures - Arithmetic conversions - Calculation of dosage and solutions - Preparation and administration - Five rights - Oral	*** Films: "The Best of Care" "An Ounce of Prevention" Rapier, Practical Nursing, Use of Drugs, pp. 297-352. Procedure Manual pp. 160-191 and p. 6. Bodner, "IV Therapy" JPN Pt I 8:77 pp. 18-21 Pt II 9:77 pp. 26-27 Stryker, <u>Back to Nursing</u> pp. 168-183.	Return demonstration in lab on safe and administration of medications. Utilize proper technique while administering medications to selected patients for whom they have been ordered.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the LPN's role in relation to intravenous therapy including legal aspects.	c. Injection 1) Subcutaneous 2) Intramuscular 3) Intradermal d. Topical e. Rectal f. Vaginal g. Instillation of drops 4. Unit Dose 5. Role in intravenous therapy a. Legal aspects b. Calculating drop factor for rate of flow	Reference: Conley, Bernard E., "Modern Medications" <u>JPN</u> p. 6 (of every monthly Journal) Concept Media SFS: 1. Administration and Absorption of Injectables Lecture by pharmacist on Unit Dose Method Handout: Table of Approximate Equivalents	Describe the LPN's role in relation to intravenous therapy including legal aspects and utilize while performing.
Review and apply principles of medical and surgical asepsis in relation to application when providing care to selected patients.	F. Sterile Technique 1. Dressings 2. Isolation 3. Asepsis and disinfection 4. Techniques G. Suctioning 1. Nasogastric 2. Tracheal 3. Sump	Procedure Manual: Removal of IV p. 109. Bodner, Andrew, "IV Therapy" PT I: <u>JPN</u> 8:77 p. 18+ PT II <u>JPN</u> 9:77 pp. 24+	Return demonstration of proper aseptic and disinfection techniques in lab setting and on the clinical area when providing care to selected patients.
Review proper procedure utilized by the nurse when providing care to the patient requiring suctioning, irrigations, installations and radiological, laboratory and diagnostic procedures.	H. Irrigations - installation 1. Catheter 2. Naso gastric 3. Tube feeding 4. Sputum Specimen I. Radiological procedures 1. Preparation 2. Purpose 3. Nursing responsibilities 4. Safety	Johnston, Dorothy F., Total Patient Care, 3rd ed., pp. 43-63. SFS: 1. "Sterile Technique and Dressing Change" 2. "Isolation" Procedure Manual Dressing Changes pp. 110-111 Isolation pp. 63-65 Tube Feeding p. 156 Removal of Tubes p. 155 Sutton, Bedside Nursing Techniques, pp. 18-29 Stryker, <u>Back to Nursing</u>, pp. 117-127.	Perform proper technique in the lab setting and on selected patients requiring suctioning, irrigations and radiological laboratory and diagnostic techniques.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the role of the LPN in relation to various laboratory procedures and diagnostic tests performed on selected patients.	J. Laboratory tests 1. Types a. Urinalysis b. Hemoglobin - Hematocrit c. CBC - Differential d. Fasting Blood Sugar e. Glucose Tolerance Test f. Prothrombin Time g. Other K. Diagnostic procedures 1. Types a. Bone marrow b. Lumbar puncture c. Gastric analysis d. Paracentesis e. Thoracentesis f. Pelvic and Pap Smear g. Proctoscopy h. Physical exam		Perform proper technique in lab setting and on clinical area when assisting with laboratory tests and diagnostic tests performed on selected patients.
Recognize the role of the LPN in relation to providing individualized direct patient care.	L. Diversional activities 1. Assessment of needs 2. Suggested outlets M. Individualized patient needs 1. Personal care a. Shave b. Shampoo c. Bowel/bladder 2. Related needs a. Nutrition b. Sleep and rest c. Privacy d. Adjustments of daily living		Develop an individualized plan of care to meet the individualized direct nursing care needs of select patients.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify a victim of cardiac arrest and correctly administer cardiopulmonary resuscitation.	N. Cardiopulmonary Resuscitation - Reducing deaths due to heart attack 1. Time factor a. Clinical death b. Biological death 2. Out of hospital deaths reduction a. Risk factors 1) Heredity 2) Obesity 3) Smoking 4) Diet b. Early warning Signs 1) Chest pain 2) Nausea 3) Weakness 4) Sweating c. Increasing knowledge and skills of Basic Life Support among public (every one) 1) Immediate help 2) 4 minute delay - 50% less successful 3) 10 minute delay - minimal success d. Community Emergency Systems - 911 e. Family Emergency System 1) Delay factors - - patient denial - physician denial 3. How to recognize an arrest a. Feel b. Listen c. Look d. Skin color 4. Common causes of sudden death a. Heart attack b. Drowning c. Anesthesia d. Electric shock	Basic Life Support course presented by a certified instructor. Read Handouts: "Summary of Standards" "Your Heart Has Nine Lives" American Heart Association Teaching Aids American Heart slide set or "Pulse of Life" Resusci-Anne Bradley, Gail "Emergency Cardiac Care" JPN 10:77 p. 14+. Demonstration/Lecture	Differentiate between clinical and biological deaths. Discuss risk factors. Describe warning signs and symptoms of a heart attack. Discuss community and family emergency plans. Explain factors causing delay in treatment. Demonstrate correct method for recognizing a cardiac arrest. List 6 common causes of cardiac arrest. Given a resuscitation manikin and working as a single rescuer, correctly perform CPR for a period of four minutes. Working as a team with a classmate, correctly perform CPR as a team for two minutes in each position. Change positions without delay in cardiac positions. List signs of success. Discuss special CPR problems relating to drowning, electrocution, tracheostomy and fractures.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
54	e. Sensitivity reactions f. Asphyxia 5. Emergency management of the unconscious victim a. Establish airway 1) Tilt head backward 2) Lift neck slightly, jutting jaw forward b. Breathe for patient 1) Seal patient's nose 2) Seal mouth over patient's mouth 3) Blow four full breaths quickly c. Obvious obstruction 1) Clear mouth 2) Sharp slaps on back d. Circulation - if <u>no pulse</u> - external cardiac compression 1) Check carotid pulse 2) Compress chest a) Firm surface b) Proper location of hands c) Correct body position of rescuer d) Depress sternum $1\frac{1}{2}$-2" - hold briefly e) Release - keep heel of hand on chest - Repeat - 60-80 times/minute f) Single rescuer - 15 compressions to 2 breaths g) Two rescuers (rescuers on opposite sides) 5 compressions to 1 ventilation	55	

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	e. Technique for children 1) Less pressure - $\frac{1}{2}$-$\frac{3}{4}$" - one hand 2) More rapid compression a) child 15-20 ventilation 80-100 compressions b) infant 20-30 ventilations 100-200 compressions f. Signs of success 1) Pupils constrict 2) Color improves 3) Carotid pulse felt 4) Spontaneous respiration g. Miscellaneous CPR instructions 1) Drowning victims 2) Tracheostomy resuscitation 3) Complications a) Distention b) Flail chest c) Fractured ribs d) Fractured neck e) Electrocution		

LPN REFRESHER

CASE STUDY NO. 1

NORMAL NEWBORN, INCLUDING PREGNANCY, LABOR AND DELIVERY AND POST PARTUM.

CONTENT INCLUDED

- I. Pregnancy
 - A. Male and female reproductive anatomy
 - B. Conception
 - C. Prenatal care
 - D. Laboratory tests
 - E. Signs and symptoms
 - F. Medications
 - G. Nutrition
- II. Fetal Development
 - A. Nine months gestational changes
 - B. Fetal heart sounds
- III. Terminology
- IV. Labor and Delivery
 - A. Admission procedure
 - B. Nursing care and observations
 - C. Fetal monitor
 - D. Medications and anesthesia
 - E. Phases of labor
 - F. Practical Nurse's role
 - G. Aseptic technique
 - H. Safety measures
 - I. Episiotomy
 - J. Circumcision
 - K. Charting and recording
- V. Post Partum
 - A. Nursing care and observations
 - B. Laboratory test
 - C. Patient teaching
 - D. Physical and psychological changes
 - E. Nutrition
- VI. Newborn Care
 - A. Admission procedure in nursery
 - B. Daily care
 - C. Feeding
 - 1) Breast
 - 2) Bottle
 - D. Weight loss
- VII. Home going teaching
- VIII. Community Resources

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Review the growth and development process of the normal newborn from conception through the first week of post uteral life including a review of normal pregnancy, prenatal, labor, delivery and post-natal as it relates to the mother and newborn with nursing care needs. Recognize the purpose of the prenatal care in relation to the nurse's role in the prenatal clinic or doctor's office.	NORMAL NEWBORN including pregnancy, labor, delivery, and post partum. Mrs. Jane Boykin is a 22 year old housewife whose husband is a bricklayer. They live in a modest 2 bedroom home in a rural setting. Jane has known she was pregnant for six months and is busy preparing the nursery. Her last menstrual period was April 18th and the bouts of nausea and vomiting stopped after the third month. The pregnancy has been uneventful with no anticipated difficulties due to her prenatal care at the doctor's office. She has watched her diet faithfully, taken her daily Pramlet and napped in the afternoon while watching her favorite soap opera. Jane and her husband Dave have attended the prepared childbirth classes offered by the hospital and both were anxiously involved with the content presented and practiced the breathing and exercises at home.	REFERENCES: Hamilton, Persis, Mary, <u>Basic Maternity Nursing</u>, 3rd ed., 1975, C. V. Mosby. Ingalls, A. Joy, et al, <u>Maternal and Child Health Nursing</u>, 3rd ed., 1975, C. V. Mosby. See Card file "Infant" for additional references. Filmstrip: "Characteristics of the Normal Newborn" Lecture and discussion via group process. Cassette tape - Independent Learning "Signs and Symptoms of Pregnancy" Vertical File: Obstetrics and the Newborn Hamilton, <u>Basic Maternity Nursing</u>, 3rd ed., pp. 31-46. Ingalls, <u>Maternal and Child Health Nursing</u>, 3rd ed., pp. 29.66. Taif, Betty, "Women..The Children..At Risk" <u>JPN</u> 4:77 p. 16+.	The participant will contribute to the content reviewed via the group process method with the instructor as moderator. Primary emphasis is placed on presentation of content by answers to the statements listed in this column as they relate to the case study. Recall A & P of the reproductive system. Discuss briefly the events leading to conception. Explain the inter-relationships of the embryo to the placenta. Define: Prima gravida. Calculate the EDC for Mrs. Boykin (estimated day of confinement). Describe the purpose of prepared childbirth classes. Discuss the role of the nurse in the prenatal clinic or doctor's office. Tell the purpose of the following tests: 1. Blood typing 2. Rh factor determination 3. Complete blood count 4. Serology 5. Chest x-ray.

Case Study No. 1

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the positive signs of pregnancy.	On New Year's Eve, Jane informs Dave that she looks "too big" to go anywhere to celebrate and prefers to stay home.	Rothenstein, Lilyan, "Prepared Childbirth" <u>JPN</u> 4:77 pp. 20+.	List what is included in the first prenatal physical exam.
Recognize the growth and development process of the fetus in relation to physiological changes in the mother.	They retire early but Jane is unable to get comfortable in any position in bed due to a "persistent low backache". At 10:30 p.m. she awakens Dave to inform him that her "BOW" broke and the contractions are starting.	Hamilton, <u>Basic Maternity Nursing</u> , 3rd ed., pp. 97-137.	Tell what is included in subsequent visits.
Identify the purpose of prenatal vitamins.	They proceed to the hospital after calling Dr. Smith.	Ingalls, <u>Maternal and Child Health Nursing</u> , 3rd ed., pp. 80-125.	List signs of pregnancy during the first trimester.
Identify the nutritional needs of the pregnant mother.	Jane is admitted and Dr. Smith is phoned the admitting data: BOW ruptured, contractions approximately every 15-20 minutes, lasting 40 sec., FHT at 130, cervix soft and dilated 2-3 cm's with approximately 20% effacement.		Describe the physical and emotional changes of the mother in relation to the development of the fetus during the 9 month gestational period.
	The routine orders are carried out including: urine specimen collection, partial perineal shave, enema and signing of permission for circumcision if it is a boy.		List the growth and development changes of the fetus over the 9 month gestational period including: 1. Size: Length and weight 2. Nervous system 3. Circulatory system 4. Reproductive system 5. Skeletal system
			Tell the essentials of a well balanced diet for the pregnant mother.
			Tell the action, side effects and related rationale for using Pramlets.
			Outline information presented in prenatal classes.
			List the action, side effects and related rationale for Feosol or related Iron preparations with pregnancy.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the anatomical and physiological changes occurring during pregnancy.	Dave doses off in a chair in the labor room and Jane is able to rest at intervals during the frequent checks and examinations over the course of the night.		Describe the father's involvement in the labor and delivery room today.
Identify the preparatory body process leading to expulsion of the fetus.	At 6:00 a.m. Dr. Smith arrives to check Jane and "see how she is doing" this morning.		Define: 1. lightening 2. False labor 3. Show 4. Rupture of amniotic membranes (Bag of water) 5. Uterine contraction 6. Fetal monitor
Identify the normal amount of weight gain in relation to possible complications with excess.	She has progressed to 4 cm. cervical dilation and 30% effacement. Contractions are 12 minutes apart and slightly irregular but lasting 60 seconds.		Discuss expected weight gain during pregnancy including possible complications with excess.
Identify the nurses role in the process of admitting a patient to the obstetric unit.	Dr. Smith informs the Boykins that Jane is making progress but still has a "ways to go". He also tell them that the labor is progressing nicely and now he will place her on the fetal and maternal monitor to graphically monitor contractions and fetal heart tones.		Tell when movement usually occurs and when fetal heart tones are first heard.
Recognize the method used by the nurse to time uterine contractions.	At 2:00 p.m. New Year's Day Mrs. Boykin is wheeled into the delivery room and Mr. Boykin is dressed in scrub clothes and helping to push the cart.		Explain the changes in the pregnant mother in each of the following including rationale: 1. Skin 2. Emotional 3. Physical
Identify the method, purpose, personnel and related precautions in relation to a vaginal and/or rectal examination of the obstetric patient.	She is placed in lithotomy on the table and Dave is given a stool to sit on at the head of the table. Jane is feeling the need to "push" and Dave is assisting her with the breathing during the contractions.		Tell the nurses role in the admission of a patient to the labor room. Describe the method used by the nurse to time a contraction Describe the method, purpose related precautions including who performs the following exams: 1. Rectal 2. Vaginal

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the comfort measures provided by the nurse in relation to the obstetric patient in active labor.	At 2:15 p.m. the head is delivered and at 2:17 p.m. Daniel David Boykin arrives into the world crying and kicking.	Review catheterization and enema procedures.	Explain abdominal breathing as it relates to contractions during labor and delivery.
Identify the purpose of using the fetal and maternal monitor.	Dr. Smith clamps and cuts the cord (suctions the nasal passages and oral passages) and places him trendelenburg in the bassinet.	Discuss LPN's role relating to intravenous therapy.	List nursing measures used to provide comfort to the patient in labor.
Identify medications which may be used during the labor and/or delivery process.	At 2:35 p.m. the placenta is delivered intact and Dr. Smith repairs the episiotomy.		Discuss use of the fetal and maternal monitor including internal and external.
Recognize the significance of various observations made by the nurse in relation to the obstetrical patient.	Jane is allowed to hold her baby and cuddle him and he is then circumcised while she is moved to the post partum room for the usual recovery period.		Tell the action, route of administration, side effects and related rationale for each of the following drugs which may be used during labor and/or delivery:
	Over the next 24-48 hours the nurses check the following: color and amount of vaginal flow, uterine firmness and location in relation to the umbilicus, visual viewing of the episiotomy, vital signs and breasts for engorgement. All appears within normal limits and Jane is able to begin breast feeding.	Hamilton, <u>Basic Maternity Nursing</u> , 3rd ed., pp. 155-172.	1. Compazine 2. Darvon 3. Demerol 4. Phenergan 5. Pitocin 6. Xylocaine
Recognize the degree to which the practical nurse is involved in each of the three stages of labor.	Daniel David Boykin weighed 7 pounds 3 ounces when received in the nursery for him admission bath and Dr. Smith checked him with the Apgar scale to which he received a score of 10. His color was pink, demonstrated a lusty cry, heart rate of 110 and his extremities flex well.	Ingalls, <u>Maternal and Child Health</u> , 3rd ed., pp. 151-182.	Outline the nursing significance for observation of each of the following: 1. Contractions 2. Vital signs 3. Vaginal discharge 4. Voiding 5. Fluid and/or food intake 6. Perineum 7. Skin color 8. Pain 9. Emotional state
			Define the three phases of labor: 1. First stage 2. Transition stage 3. Active stage

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the signs which are demonstrated by the patient when delivery of the fetus is near.	His identiband is in place on his arm and leg and matches Mrs. Boykins. These were placed before either left the delivery room. He received 1% silver nitrate or drops in his eyes and received a vitamin K injection in the upper outer thigh. The nursery record included: type of birth, sex, Apgar evaluation score, color, cry, general condition and medications received. His height, weight and that he will be breast fed is also recorded.	Hamilton, <u>Basic Maternity Nursing</u> , 3rd ed., pp. 177-199.	Tell the practical nurse's role in each of the above stages of labor.
Identify the aseptic technique utilized in the delivery process.		Ingalls, <u>Maternal and Child Health</u> , 3rd ed., pp. 186-220.	List signs of impending delivery.
Recognize the safety measures utilized when transporting a patient.	Cord and circumcision care has been given and Jane has been shown how to care for both at the time of the bath demonstration.		Define: Asepsis Aseptic Technique.
Identify the nurse's role in providing emotional support to the patient and husband during the move to the delivery room.	Daniel David's head is slightly molded and Jane frequently asks about it, but by the 3rd day she feels reassured that the nurse knew what she was talking about as it is less obvious.		Tell the rationale for using aseptic technique during the delivery process.
Recognize the various methods of anesthesia that may be utilized during the delivery process.	The "soft spot" worries Jane and she asks many questions regarding how to protect it. She also asks the nurse if Daniel is "cross-eyed" as his eyes appear to wander. The nurse reassures her that babies do not usually focus their eyes for 6-8 weeks and this is "very normal". She continues to reassure Jane by reviewing the normal reflexes of the newborn.		List the safety measures used when transporting a patient on a cart.
Identify the position the patient is placed in for the delivery process.			Tell the nursing techniques utilized to provide emotional support to the patient and husband.
Recognize the purpose of recording and charting in the delivery room to the legal implications.	Jane is ecstatic and begins to demonstrate her newfound knowledge to Dave when he arrives to take his family home after 4 days of hospitalization.		Define anesthesia in relation to each of the following: 1. Local 2. Regional 3. General
			Define: 1. lithotomy 2. crowning 3. episiotomy 4. circumcision.
			List what is recorded and charted in the delivery room.
			Describe the process for delivery of the placenta.

Case Study No. 1

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the placental delivery process.	The breast-feeding has gone very well and Jane appears eager to get home although she is pleased to know that her mother is coming to help out for the first few weeks.		Tell the action, side effects and related rationale for the medications: 1. Methergine 2. Ergotrate.
Recognize the use of oxytocic medications after the delivery of the placenta.	Daniel David Boykin is 4 days old and weighs 6 pounds 14 ounces when he is dismissed.		Tell the name of the lab test done on the cord blood when the mother is Rh negative.
Recognize the use of Rhogam with Rh negative mothers.	The Boykins are ecstatic about their new son and thank everyone by presenting a large box of candy to the nursing station.		Tell the purpose of Rhogam.
Identify the immediate needs of the newborn after delivery.	The nurse thanks them and reminds Mrs. Boykin of her one month post partum check at Dr. Smith's office and them reviews the homegoing teaching.		List the needs of the newborn immediately after delivery.
Recognize the needs of the mother immediately after delivery.			Define: Fundus Lochia.
Identify the nursing care needs of the newborn in the nursery including feeding.			Outline nursing care and observations during the first few hours after delivery.
Identify the physiological and psychological changes during the puerperium in relation to nursing care needs of the patient.			Tell the admitting procedure and daily care of the newborn
			List the daily care needs of the newborn including feeding 1. bottle 2. breast
			Define puerperium.
			List the physiological change during the puerperium.
			Tell the nursing care and teaching needed of the patient during the puerperium.
			Describe the physiological and psychological changes during the first post partum week.

Case Study No. 1

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the nursing needs of the mother who is breast-feeding. Recognize the normal amount of weight loss in the newborn. Identify the needs of the mother and infant in relation to home-going teaching. Recognize the community services available to the low income family in relation to maternal and child care needs.		Taif, Betty, "Breast Feeding: Is It Better?" JPN 1:77 pp. 32-34+.	Tell the nursing needs of the mother who is breast-feeding including: 1. breast care 2. personal hygiene 3. diet/fluids 4. rest 5. support Discuss the normal weight loss of the newborn. List what is included by the nurse in the homegoing teaching. Tell the community resources available for the low income family who need assistance with maternal and child care.

LPN REFRESHER COURSE

CASE STUDY NO. 2

TODDLER WITH PNEUMONIA

CONTENT INCLUDED

- I. Growth and Development
- II. Hospitalized Needs
 - A. Patient and family
 - B. Emotional
 - 1) Regression
 - C. Admission procedure
 - D. Nutrition
 - E. Safety
 - F. Medications
- III. Disease process
 - A. Signs and Symptoms
- IV. Procedures
 - A. Routine Lab
 - B. Fluid and electrolytes
 - C. Tracheotomy
- V. Home going
 - A. Teaching
 - B. Well Child Clinic
 - 1) Immunizations

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Review the normal growth and development of a two year old.	TODDLER WITH PNEUMONIA Bradley Coin, a two year old white male was admitted to the ER at 8:00 p.m. on a Saturday evening with symptoms of ↑ temp, hacky cough, poor appetite, listlessness. After examination, he was admitted to pediatrics with diagnosis of pneumonia and the following orders:	Group process presentation of case study with instructor as resource moderator. Read: Thompson, <u>Pediatrics for Practical Nurses</u> pp. 21-24 rxn to hospitalization pp. 20-21 safety pp. 25-32 admission pp. 219-222 pneumonia.	The participant will present content of this case study via the group process method with discussion and demonstration of procedures and presentation of content as listed in this column.
Identify emotional needs of a child and his family as a result of hospitalization.	1. admit - notify family physician 2. routine lab 3. chest x-ray 4. clear liquids as tolerated 5. croupette with oxygen 6. ASA gr TT supp. now and every 4 hours prn for ↑ temp	Read: Gruppo, Philomena, "Helping the Hospitalized Child", <u>Journal of Practical Nursing</u> , 5:77, pp. 14-17.	Discuss normal growth and development of a two year old.
Recognize LPN's responsibility in admission procedures.	7. sponge bath prn to ↓ temp 8. Ancef 85 mg. Im - every 6 hours 9. Robitussen 4 cc's oral every 4-6 hrs	Review procedure manual p. 16 - admitting - recall.	Recognize the impact of hospitalization on a child and his family.
Recognize the importance of safety needs of the hospitalized child.	Bradley was transferred to pediatrics where the T.L. assigned Miss Fisher, LPN to admit him.	Handout: Admission Interview form for pediatrics Discuss safety in the hospital and apply to a toddler.	Identify role of the LPN in admitting a patient.
Identify nursing needs of the child with respiratory disease.	Bradley was immediately placed in a croupette and admitting procedures completed. Vitals at 8:40 upon admission were: T - 103 R P - 120 R - 30 and shallow. Miss Fisher reported information to T.L. and prepared to give Bradley his meds.	Johnston, <u>Total Patient Care</u> , pp. 13-14.	Describe safety precautions necessary when caring for a toddler in the hospital. How should Bradley's temperature be taken? Why? Define pneumonia. List the usual causes of pneumonia. Tell the signs and symptoms of pneumonia. Tell what observations are important while caring for a child with a respiratory problem.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Review the action, precautions and considerations when giving medications to a child.	The T.L. advised starting to sponge bath him, and hourly vitals. Jane, Bradley's mother, remains with him and the father goes home to get Bradley's teddy bear and some personal items for Jane.	PDR Asperheim, <u>Pharmacology for Practical Nursing</u> , pp. 83, 111.	Identify the nursing needs of a child with an acute respiratory problem.
Identify methods used to prevent seizures in a child with an elevated temperature.		Discuss febrile convulsions in young children.	Describe precautions which must be taken when administering medications to a child, I.M., oral and rectal.
			List action of Ancef, Robitussin and aspirin, including possible side effects.
			Identify measures used to reduce temp and explain rationale.
	10:00 Vitals: T - 103 P - 124 R - 34 sternal retraction Unable to swallow fluids without choking.	Transparency: Child with Sternal Retraction, Ingalls, <u>Maternal & Child Nursing</u> , 3rd ed., p. 448.	Define sternal retractions.
	Lab work returned - Hgb: 9 Normals (10.5 to 14.0) Hct: 30 Normal (33 to 42) WBC: 15,000 Normal (5-10,000) RBC: 4.0 Normal (3.5-5.0) Urinalysis: Dark amber with 1-2 WBC's present.	Why does swallowing become difficult?	Describe precautions used when giving a child with respiratory problems fluids by mouth.
	Chest x-ray revealed - bilateral patchy infiltration with moderate effusion.		
	T.L. called the family physician and informed him of above. He asks patient to be referred to Dr Stanton, pediatrician.		List signs of increasing respiratory distress.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize signs associated with acute respiratory distress in a child.	10:30 Vital Signs - T - 103 P - 146 R - 38 shallow, grunting. Substernal retraction increasing.	Discuss rationale for symptoms associated with respiratory distress.	State signs of dehydration in a child.
Recognize importance of maintaining hydration in child.	Skin pale, cyanosis noted around mouth and nail beds extremities mottled and cool.	Discuss rationale of need for IV fluid replacement.	Tell why do infants and young children become dehydrated more easily than adults?
Identify responsibility of LPN in IV administration.	Dr. Stanton examines child and informs T.L. he plans to take Brad to surgery to perform a tracheotomy and orders 500 cc D5 in $\frac{1}{4}$ saline IV at 70 cc per hour. The IV was started in his right lower arm, a loose restraint was placed and tied to the bed frame. His left hand was restrained also.	Read: D'Agostino, Joanne, "IV Therapy", Pt I Aug. 77, pp. 18-21; Pt II Sept. 77, pp. 24-27. Practice calculating flow rate for IV. How many gtts/min should rate be?	List observations pertinent to IV therapy. List nursing needs of child with continuous IV. State signs of infiltration and thrombophlebitis. Define tracheotomy.
Identify immediate post-op needs of child with a tracheotomy.	Bradley was transported to surgery; returned at 11:10. He appeared to be breathing easier and was resting quietly. Vital signs were now: T - 102 R P - 120 R - 30 IV infusing well, trach tube in place. Bradley had both hands restrained but Mrs. Morris, the night nurse loosened the restrains when she or Bradley's mother were at his side.	Ingalls, <u>Maternal & Child Nursing</u> , 3rd ed., pp. 434-437. Discuss rationale for performing a tracheotomy in the OR instead of the patient's room. Review suctioning procedure. Review sterile technique. Read Procedure Manual p. 147. Thompson, Eleanor, <u>Pediatrics for Practical Nurses</u> , 3rd ed., 1976, pp. 219-222 "Respiratory Obstruction". Discuss reason for restraints and why Mrs. Morris removed them at intervals.	Tell equipment which should be in patient's room when he returns from surgery. List nursing needs of toddler right after returning from surgery for tracheotomy.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify nutritional needs of a two year old.	Post op orders included offering Bradley sips of H ₂ O as tolerated.	What additional observations will the nurse be concerned with after the trach.	
Identify the regression that often is manifested in a hospitalized child.	Bradley recovered quickly. His trach tube was corked on the 2nd post op day and removed on day 4. He gradually resumed eating a normal diet.	Discuss relation between Bradley's diet and his $\checkmark$ Hgl. <u>Thompson, Pediatrics for Practical Nurses</u> , pp. 186-188.	Describe nutritional needs of a toddler and also preferences they may have in eating.
Identify the needs for home-going teaching.	The parents are quite concerned because even though he is feeling better, Bradley is very "whiney", wants to be held and entertained and is even using baby talk.		List types of behavior that might be observed in a hospitalized toddler.
Review immunizations for childhood diseases	Bradley is dismissed from the hospital 5 days after his admission. His history revealed he has not completed all his immunizations or has not had a TB skin test. The parents explained they were concerned with costs.		Describe LPN's role when parents express concern over a hospitalized child's regression. Describe nursing intervention in dealing with regression.
		<u>Johnston, Total Patient Care, "Immunity"</u> , pp. 34-37.	List subjects which should be discussed with parents before dismissal. List specific instructions that would be most effective if put in writing. List community resources available for well child care. State normal schedule for DPT, Trivalent, Tuberculin test, Measles, Mumps and Rubella.

LPN REFRESHER COURSE

CASE STUDY NO. 3

ADOLESCENT WITH DIABETES

CONTENT INCLUDED

- I. Normal Development verses changes with diabetes
 - A. Anatomy and physiology
 - B. Nutrition
 - C. Social and psychological
 - D. Response to illness and hospitalization
- II. Diagnostic tests
 - A. Clinitest - Acetest
 - B. Fasting bloodsugar
 - C. 4 hour glucose tolerance
 - D. Stat Blood Sugar
- III. Medications
 - A. Insulin
 - 1) Action
 - 2) Administration
 - 3) Side Effects
- IV. Potential Complications
 - A. Immediate
 - B. Long Range
 - C. Preventative measures
- V. Diabetic Teaching
 - A. Role of LPN
 - 1) Patient needs
 - 2) ADA Diet
 - B. Health team
- VI. Community Resources

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify normal development tasks of an adolescent.	ADOLESCENT WITH DIABETES Suzie Howard is a fifteen-year-old high school sophomore who lives with her parents and ten-year-old brother in a small frame house. Her father works at a local factory and mother is a full time homemaker.	Group process presentation of case study with instructor as resource moderator. Read: Thompson, <u>Pediatrics for Practical Nurses</u> , pp. 331-343.	The participants will present content of this case study via the group process method with discussion and demonstration of procedures and presentation of content as listed in this column.
Identify the disease process of diabetes, relating anatomy, physiology, and chemistry.	Suzie has complained of frequent headaches, being hungry and tired lately but her mother attributed this to growing and adjusting to high school. Over the weekend Suzie developed a cold and by Monday was complaining of chest pain, had frequent coughing and an elevated temperature. Her mother made an appointment with their family physician. Examination revealed possible bronchitis and a large amount of glucose and ketones in her urine.	Thompson, <u>Pediatrics for Practical Nurses</u> , pp. 317-327. Mason, <u>Medical-Surgical Nursing</u> , pp. 551-559 Johnston, <u>Total Patient Care</u> , pp. 323-330.	Tell the normal growth and development of the adolescent. Define: Diabetes Juvenile Diabetes Carbohydrates Fat Protein Glucose Insulin
Recognize impact of hospitalization of an adolescent.	Suzie was hospitalized for further tests and treatment of her bronchitis.	Gruppo, "Helping the Hospitalized Child" Part II <u>J Practical Nursing</u> , June 1977, pp. 24-25.	Discuss the textbook signs and symptoms of diabetes and relate to the patient in the case study.
Recognize the nursing responsibility to a patient undergoing a series of diagnostic tests.	Admission orders included: Routine lab Clinitest - Acetest a.c. & H.S. record on diabetic worksheet FBS 4-hour glucose tolerance If shakiness occurs do stat blood sugar.	Procedure Manual, p. 102 Discuss and demonstrate: 1. Clinitest 2. Acetest 3. Diabetic Worksheet Discuss purpose of FBS and GTT.	Describe behavior which may be observed in a hospitalized adolescent. Name diagnostic tests performed on person suspected of having diabetes. State how you would explain these tests to Suzie.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the relationship of nutritional intake to the diabetic condition.	1800 Calorie ADA diet The results of Suzie's lab tests were: Urinalysis: <u>Normal</u> <u>Pt's results</u> Specific gravity 1.010-1.030 1.006 Glucose none 3+ Albumin none none Ketones none positive	Discuss normal nutritional habits and needs of an adolescent.	State nursing intervention relating to diagnostic tests in addition to patient education.
Identify changes in utilization of sugar by the diabetic patient in relation to the glucose tolerance test including rationale for performing it and the specimen collection.	Glucose tolerance test Blood: fasting - 200 1 hour - 420 2 hours - 390 3 hours - 320 post - 240 A diagnosis of juvenile diabetes is made and treatment plans include: Regulate insulin with sliding scale Regulate diet Patient and family education	Explore reasons why a diabetic diet is particularly difficult during the "teen" years. Read: Boykin Lorraine, "Using Diet Exchanges" <u>Nursing Care</u> , Sept. 76, pp. 17-20 Light, Marilyn "Hypoglycemia: An Overview" <u>Nursing Care</u> Feb. 77, pp. 14-16.	Demonstrate proper procedure for performing Clinitest and Acetest. Describe an 1800 Cal ADA diet. Describe the "free diet" as prescribed for some diabetics. Recognize the rationale for the performance of glucose tolerance when diabetes is suspected.
Become aware of the psychological and sociological factors affecting an adolescent's response to a long-term condition.	Suzie is very upset about her diagnosis, cries whenever she talks about it. Her mother also is very anxious about the diagnosis and wonders if all the tests were accurate.		Review specimen collection procedure. State reasons why acceptance of a permanent health problem is especially difficult for an adolescent. State reasons why parents have much difficulty facing the realization their child has a permanent health problem.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify appropriate techniques for preparing and administering insulin to the diabetic patient.	Specific insulin orders are: Lente Insulin 15 U subq 7:30 every a.m.	Read: "Fine Points in Diabetic Care" <u>AJN</u> , April 76, pp. 594-99.	Identify various members of health team who will be involved in diabetic teaching for Suzie and her family.
Identify the LPN's role in carrying out a teaching plan for the diabetic patient.	Sliding scale: Regular Insulin Trace - 1% - 5 units regular 2 - 3% - 10 units regular 4 - % - 15 units regular	Handout on Types of Insulin <u>Diabetic Insulin Teaching</u> Slide Tape	List action, side effects and peak period of various types of Insulin.
Become aware of potential complications of a diabetic condition, both immediate and long term.	Rotate injection sites Record Do 6:30 a.m. and 4:00 p.m. blood sugars.	Asperheim, <u>Pharmacology for Practical Nurses</u> , pp. 55-58, 138.	Tell reason for choosing a sliding scale insulin method.
		Demonstrate insulin administration in practice lab.	Describe proper technique for insulin administration.
		Discuss importance of exercise and skin care as preventive measures for a diabetic.	Tell the sites of injection for insulin including rationate for rotation of sites.
			Prepare a detailed diabetic teaching plan as a group during the presentation of this case study.
		Read: Diabetes Out of Control, <u>Nsg 73</u> , May 73 pp.	Define: hypoglycemia insulin shock diabetic coma
		Discuss vascular changes which occur with diabetes and resulting complications.	List symptoms of insulin shock.
		Compare conditions of insulin shock and diabetic coma and appropriate treatment.	List symptoms of diabetic coma.
			List complications related to vascular changes.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify community resources available for the diabetic patient.		Read: Giving Diabetics Control of Their Own Lives" Nsg 73, Sept. 73, pp. 44-49. Handouts and pamphlets on Diabetes Discuss: Diabetic Association Public Health Nurse School Nurse Medic Alert Tags	List possible community resources available to the diabetic patient and how referrals can be made.

LPN REFRESHER COURSE

CASE STUDY NO. 4

MIDDLE AGED ADULT WITH COLOSTOMY

CONTENT INCLUDED

- I. Development
 - A. Anatomy and physiology of G.I. Tract
 - B. Tasks of middle adult
 - C. Social - Psychological adaptations
 - D. Cultural Influences
- II. Detection of Cancer
 - A. Early
 - B. Cancer of G.I. Tract
 - C. Diagnostic Tests
 - D. Patient acceptance
 - 1) Communication
 - a) verbal and non-verbal
- III. Surgery
 - A. Pre-operative - Post-operative Care
 - B. Equipment
 - 1) Naso gastric tube
 - 2) Foley catheter
 - C. Fluids and Electrolytes
 - D. Colostomy
 - E. Possible complications
- IV. Needs of patient
 - A. Current Therapies
 - 1) Treatment
 - B. Nutrition
 - C. Nursing care
 - 1) Immediate
 - 2) Intermediate
 - 3) Long term
 - D. Discharge planning
 - E. Referral to Community Agencies

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify normal developmental tasks of the middle-aged male and implications of these when faced with illness.	MIDDLE ADULT WITH COLOSTOMY Mr. Charles Bradford, a 50-year-old Jewish lawyer lives with his wife in a well kept colonial home in an established neighborhood. Their two children are grown, a 24-year-old son practices law with his father and their daughter is a teacher.	See: <u>Refresher Course for Registered Nurses, DHEW Pub. # (HRA) 74-35, p. 79+</u> Anatomy and Physiology Film strip Series	The participant will present content of this case study method via the group process method with discussion and demonstration of content as listed in this column.
Become aware of signs of early cancer detection.	Charles has noticed a change in his bowel habits during the last two months, he is constipated at times; then has episodes of mucoid diarrhea. He is also experiencing increased flatus with a foul odor and even at times bloody stool, which he attributes to hemorrhoids. Loss of appetite, fatigue, weight loss and feeling of bloating have developed gradually. He explains his symptoms as being due to a busy schedule and poor dietary habits and is reluctant to consult a physician.	Johnston, <u>Total Patient Care, "Cancer"</u> , pp. 66-77.	List developmental tasks of middle-aged male. Recall the normal anatomy and physiology of the gastrointestinal tract. State 7 warning signs of Cancer. List symptoms Charles displayed of Cancer of the lower GI tract. Discuss possible reasons why Charles was reluctant to seek medical attention.
Recognize the nursing needs of a patient undergoing a series of diagnostic tests.	As a result of his wife's persistent urging, Charles made an appointment with his family physician who detected a lower abdominal mass. He recommended hospitalization for further tests and referral to a surgeon. Charles entered the hospital the following evening and his admission orders included the following diagnostic tests:	Read: Sredl, "Another Look at the Ostomy Patient", <u>J Practical Nursing</u> , Jan. 77, pp. 18-21. Discuss methods of displaying anxiety. Johnston, <u>Total Patient Care</u> , pp. 240-241.	Define: Upper GI Lower GI Proctoscopy ECG Fiberoptic scopes Cascroscopy List nursing problems related to the above tests and appropriate intervention.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	Routine lab UA Chest x-ray ECG Upper and lower GI series Proctoscopy prior to x-ray Hematest all stools Gastroscopy		Describe the usual method of testing stools for occult blood.
Identify appropriate nursing intervention for patient in a severe stress situation.	The diagnostic tests confirmed presence of a recto sigmoid mass. Upon hearing the news Charles became very withdrawn and appeared depressed.	Read: Sredl, Another Look at the Ostomy Patient, Part II, <u>J Practical Nursing</u> , Febr. 77, pp. 24-26.	Describe approaches which are helpful in dealing with a withdrawn, depressed person.
Identify pre-operative care for patient scheduled to have colostomy.	Charles is scheduled for surgery two days after completion of his tests. His pre-op orders include: Neomycin 500 mgm. orally every 4 hrs. Enemas until clear evening before surgery N-G tube inserted a.m. of surgery to low suction Foley cath inserted a.m. of surgery Demerol 75 mg I Robinul 0.5 mg IM 7:45 a.m. of surgery	Pre-operative Care, <u>Procedure Manual</u> , p. 103. Enema, <u>Procedure Manual</u> , p. 84. Care of NG Tube, <u>Procedure Manual</u> , pp. 150-152. Insertion: Care of Foley Catheter, <u>Procedure Manual</u> , p. 122. Discuss why psychological preparation for colostomy is essential part of pre-op care. Discuss rationale for insertion of NG tube prior to surgery. Discuss rationale for proper evacuation of intestines before surgery.	Define: colostomy stoma Review routine pre-op care. State usual preparations for surgery on the bowel. State reasons why pre-op teaching important for colostomy patient and methods used. List nursing problems of patient with NG tube and related nursing intervention List nursing problems of patient with foley catheter and related nursing intervention.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify post-operative nursing needs of patient with colostomy.		Discuss rationale for insertion of foley catheter. Johnston, <u>Total Patient Care</u>, "Preoperative and Postoperative Care", pp. 111-127. Mason, <u>Basic Medical-Surgical Nursing</u>, "The Surgical Patient", pp. 61-90 PDR Asperheim, <u>Pharmacology for Practical Nurses</u> Read: Sredl, Another Look at the Ostomy Patient Part III, <u>J Practical Nursing</u>, pp. 16-18. Review post-op care. Read <u>Procedure Manual</u>, p. 107. Mason, <u>Basic Medical-Surgical Nursing</u>, pp. 124-125, 412-429, 458-460	State action and side effects of: Azuladine Demerol Robinul State reason pre-op hypo give 60 or 90 minutes before surgery. List specific nursing problems of colostomy patient post-op. List possible complications related to immediate post-op period: Signs of hemorrhage Signs of infection. Explain nursing care related to stoma and surrounding skin.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize LPN's responsibility in teaching a patient to care for his colostomy.		SFS "Colostomy Irrigation". Read: <u>Procedure Manual</u>, Colostomy Irrigation, p. 95.	Describe methods of teaching a patient colostomy care.
Recognize the significance of verbal and nonverbal communication when caring for a patient with a colostomy.			Identify verbal and nonverbal communications the LPN needs to be aware of when caring for an ostomy patient.
Identify current therapies in cancer therapy.	Charles recovers well from his surgery and since the surgeon found no evidence of metastasis, no further cancer therapy will be done at this time. He will have frequent periodic medical check-ups.	Marshall, "Cancer Nursing, Our Expanded Role", <u>J Practical Nursing</u>, March 1977, p. 30. A Cancer Source Book for Nurses, pp. 83-86. Asperhemmin, <u>Pharmacology for Practical Nurses</u>, "Antineoplastic Drugs", pp. 158-162.	Define: Chemotherapy Radiotherapy Briefly describe LPN's role in caring for patient undergoing various treatments for cancer.
Recognize need for discharge planning for patient with colostomy.	Charles and his wife Eleanor soon learn colostomy care. However, as discharge day approaches, Charles appears quite tense and anxious.		List the potential nursing problems a colostomy patient may have after hospital discharge including suggestions for coping.
Recognize rationale for dietary adjustments for patients with colostomy or ileostomy.		Discuss rationale for the following dietary adjustments and modifications: high protein high vitamin high calorie low residue	List foods which should be included and foods which should be excluded or introduced gradually to diet of ostomy patient.
Identify community resources available for colostomy patient.			List community resources available for colostomy patient and how referrals are made to each one.

LPN REFRESHER COURSE

CASE STUDY NO. 5

ELDERLY FEMALE WITH CORONARY ARTERY DISEASE CONGESTIVE HEART FAILURE INCLUDING DEATH AND DYING

CONTENT INCLUDED

- I. Development
 - A. Tasks of Aging
 - B. Anatomy and physiology
 - 1) Heart
 - a. Arteries
 - b. Veins
 - 2) Lungs
 - C. Social psychological adaptations
- II. Disease processes
 - A. Coronary artery disease
 - B. Congestive Heart failure
 - C. Impaired oxygen transport
- III. Medical and Nursing management of CHF
 - A. Oxygen therapy
 - B. Medications
 - C. Diagnostic tests
 - D. Rotating tourniquets
 - E. Diet
 - 1) Low Sodium
- IV. Nursing management of the Dying Process
 - A. Grief Process
 - B. Death and Dying

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize developmental tasks of later adulthood.	LATER ADULT - FEMALE WITH CORONARY ARTERY DISEASE, CONGESTIVE HEART FAILURE, INCLUDING DEATH AND DYING Mrs. Mary Jones is a 73-year-old widow who lives with her daughter in a small home situated in a middle-class area about 5 miles from Lincoln. Mrs. Jones receives a monthly social security check and has a small income from investments.	Read: Mason, <u>Basic Medical-Surgical Nursing</u> , pp. 93-106 Refresher Guide for Registered Nurses, pp. 180-181.	The participant will present content of this case study via the group process method with discussion and demonstration of procedures and presentation of content as listed in this column. Discuss major developmental tasks of late adulthood.
Identify the disease process of coronary artery disease.	For some years Mrs. Jones has been urged by her daughter to see her doctor regularly, but she has always postponed the appointment. Once she did go to the doctor because of an episode of dyspnea and ankle edema. At that time the physician had prescribed a month's supply of cardiac medication and a diuretic and had instructed Mrs. Jones to return when these were used. She had felt good at the end of the month and did not return to the doctor.	Caldwell, Hegnon, <u>Geriatrics</u> pp. 15-33. Pamphlets in vertical file Heart, Heart Disease. <u>A Refresher Course for RN's DHEW pub. no. (HRA) 74-35, pp. 180+.</u>	Recall normal anatomy and physiology of the heart, lungs, veins and arteries. Define coronary artery disease. List predisposing factors to coronary artery disease.
Recognize condition of congestive heart failure.	About a year after this she began to complain of shortness of breath again. She noted that the walk of two blocks to church was an exertion. She refused, however, to see the doctor, insisting that she would soon feel fine.	Discuss relationship between coronary artery disease and congestive heart failure.	Define congestive heart failure. List major causes of congestive heart failure.
Recognize the physiological alterations in patient suffering CHF and underlying mechanism.	One night Mrs. Jones awoke soon after retiring and was frightened because she couldn't seem to get her breath. Her daughter helped her to a chair and sitting up seemed to help Mrs. Jones' breathing. Then her daughter called the doctor, who told her to let Mrs. Jones try to sleep in the chair with her legs propped up on a footstool and to call him again if Mrs. Jones became worse. The doctor	Mason, <u>Basic Medical-Surgical Nursing</u> , pp. 267-280 SFS "Congestive Heart Failure" Caldwell, Hegner, <u>Geriatrics</u> pp. 187-194.	Identify at least 6 clinical signs and symptoms you would expect to see in a patient with impaired transportation of O ₂ . Explain physiological affect CHF has with body's ability to use oxygen.
Recognize signs and symptoms observed in patient with impaired O ₂ transportation.			

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the proper procedure for performing Apical-Radial pulse.	also asked that Mrs. Jones be brought to the hospital at 9:00 a.m. the next morning so that he could examine her. Mrs. Jones became progressively worse. Her ankles and legs became more edematous and extending up into her calves and thighs. Mrs. Jones was having more acute dyspnea, even while at rest. Her cough was now productive and she was beginning to expectorate blood-tinged frothy mucous. Her color is dusky and her nailbeds are beginning to look cyanotic. Mrs. Jones' daughter has called for the doctor and for an ambulance. She is taken to the Emergency Room at the hospital. Mrs. Jones is restless and confused and very apprehensive and in acute distress. Mrs. Jones is in Acute Congestive Heart Failure. The doctor has written Stat orders and she is being admitted to your ward. The following orders were written for Mrs. Jones: Lasix 80 mgm IM Stat Lanoxin 0.6 mg 'O' 3 a.m. 6 a.m. 9 a.m. Diuril 100 mgm 'O' BID K Cl 1 gm 'O' TID ECG O₂ 5-6 L. per mask Rotating tourniquets for 2 hours	Caldwell, Hegner, <u>Geriatrics</u>, pp. 122-128. Read: PDR Asperheim, <u>Pharmacology for Practical Nurses</u>, pp. 99-100; pp. 148-150. Discuss and demonstrate Apical-Radial pulse and charting.	Explain physiological principle causing edema and decreased urinary output in CHF. State action, route and side effects of: Lanoxin Lasix Diuril K Cl Describe procedure for giving Lanoxin. Discuss difference between digitalizing dose and maintenance dose of Lanoxin.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize and understand medical management of patient in F.H.F.	800 mgm sodium diet daily weight Intake and Output	Caldwell, Hegner, <u>Geriatrics</u> , pp. 106-111.	State principle behind large doses of diuretics in treatment of patient with CHF.
			State why foley catheter ordered during acute stage of CHF.
			State rationale for maintaining I & O and daily weight.
			Define electrocardiogram and state reasons for this order.
		Habak, P.A., Rotating Tourniquets, <u>RN</u> , March 75, pp. 1-2.	Detail procedure for rotating tourniquets and underlying rationale.
Recognize nursing management of patient in acute congestive heart failure.			Describe procedure for removing tourniquets and underlying rationale.
			What position would you place Mrs. Jones in? Why?
			State why activity restrictions are important.
			What symptoms are you as the nurse observing and recording?
			How can the LPN caring for Mrs. Jones alleviate some of her fear and anxiety and also that of her family?
		Review Procedure Manual Oxygen Therapy, pp. 136, 140	List nursing responsibilities related to oxygen therapy.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the rationale for a restricted sodium diet for patient with congestive heart failure.		Rapier "Nutrition and Diet Therapy" <u>Practical Nursing</u> pp. 366-68. Mason, <u>Basic Medical-Surgical Nursing</u> , pp. 256-257	Describe low sodium diet. State reasons for need to limit sodium. Outline a teaching plan for patient and family for a low sodium diet.
Recognize the nursing management of the dying patient.	Even though she has received excellent care, Mrs. Jones failing heart would not respond to treatment. It became apparent within a few hours that she was in a terminal state.	SFS: The Dying Patient Rapier, "Nursing Critically Ill and Dying Patients" <u>Practical Nursing</u> , pp. 286-289. Scheithauer, "Caring for the Unconscious", <u>Nsg Care</u> Jan. 76, p. 33.	Develop a plan of care for the dying patient. List signs of impending death
Recognize the psychological stages a patient and his family pass through when a terminal condition occurs.		Discuss the normal grieving process. Read: Carleton, "Thoughts on Dying" <u>JPN</u> Sept. 76, p. 34. Crill, "In Bereavement" <u>JPN</u> , Oct. 77 pp. 22-25. Caldwell, Hegner, <u>Geriatrics</u> , pp. 30-39. Mason, <u>Basic Medical-Surgical Nursing</u> , pp. 9-10	Define stages a person goes through in a normal grief process: 1. Denial 2. Anger 3. Bargaining 4. Depression 5. Acceptance

LPN REFRESHER COURSE

CASE STUDY NO. 6
CONTENT INCLUDED

Elderly - Arthritis, Total Hip Replacement and Rehabilitation

A. Movement of Extremities With Joint Pain

1. Nursing Care Measures to Provide Comfort for Arthritic Patient
2. Surgical Procedures Used for Arthritic Patient

B. Total Hip Replacement

1. Pre-operative
2. Operative Procedure
3. Post Anesthesia Room
4. Post-operative
5. Complications
6. Community Resources

C. Rehabilitation

1. Adverse Effects of Bedrest
 - a. Preventative Measures
 - 1) Positioning
 - 2) Skin Care
 - 3) Exercises
 - 4) Ambulation
2. Assistive Services
3. Community Resources

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize principles of growth and development in relation to care of the elderly with arthritis, total hip replacement and rehabilitation. Identify the disease process of arthritis including signs and symptoms and related treatment for the patient with arthritis. Recognize the nursing measures utilized in caring for the patient with arthritis.	ELDERLY: ARTHRITIS, TOTAL HIP REPLACEMENT AND REHABILITATION A. Arthritis 1. Types 2. Definition 3. Disease process 4. Cause 5. Symptoms 6. Treatment and related nursing care a. Rest b. Exercise - range of motion c. Skin care d. Heat e. Stress f. Occupational and physical therapy g. Diet h. Drugs i. Surgery 1) Types	Mason, Mildred A., <u>Basic Medical-Surgical Nursing</u>, pp. 499-508 "Patient in Traction", pp. 514-516 MacRae, Isabel, "Arthritis - It's Nature and Management", <u>Nursing Clinics of N.A.</u>, December, '73, pp. 643-651. Pigg, J., "50 Helpful Hints for Active Arthritic Patients", <u>Nursing '74</u>, July 74, pp. 39-41. Pamphlets in Vertical File: 1. Diseased Joint Conditions 2. Rheumatoid Arthritis 3. Strike Back at Arthritis Check NR card file for further references on "Arthritis" Caldwell, Hegner, <u>Geriatrics</u>, pp. 214-216. Jennings, Kate R. "The Cheerful Operation: Total Hip Replacement. <u>Nsg. 76</u> July, pp. 32-37	The participant will present the content of the case study via the group process method with discussion and demonstration of procedures including presentation of content in this column. Two nursing journal articles on case studies of total hip replacement will be correlated with the outlined content. Define: 1. rheumatoid arthritis 2. osteoarthritis 3. ankylosis Demonstrate proper method of moving extremities of patient with joint pain. Describe nursing care measures which provide comfort to the arthritic patient. List 2 drugs commonly prescribed for the patient with arthritis. Differentiate between the symptoms of rheumatoid arthritis and osteoarthritis. List some of the types of surgery which may be performed on the arthritic patient.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the nursing role in relation to care of the patient with total hip replacement and related procedures and treatments.	B. Total hip replacement	Read: Malone, Virginia and Melinda Mack, "Getting Your Patient Back on His Feet" <u>JPN</u> 2:78 pp. 16+.	Institute appropriate nursing measures when caring for the patient with arthritis and related illnesses.
Recognize the pre-operative procedure involved with the hospitalized patient who is scheduled for a total hip replacement.	1. Patient selection a. Medical and/or surgical history	SFS: Total Hip Replacement	Define total hip replacement (arthroplasty).
Identify what is involved in the operative procedure for total hip replacement.	2. Hospitalization a. Preoperative 1) Laboratory 2) X-ray 3) Medication 4) Teaching 5) Hygiene 6) Routine preparation 7) Permit	Graves, Sandra & Sharon Vincent, "Total Hip Replacement is a Family Affair", <u>RN</u> June 1971, pp. 35-41.	List the criterion for selecting patient for T.H.R.
Identify the immediate nursing actions of the nurse in relation to the patient with a total hip replacement.	b. Operating room 1) Anesthesia 2) Position on table 3) Skin prep 4) Drapes 5) Operative procedure 6) Blood replacement - IV fluids 7) Aseptic technique 8) Drains 9) Dressing	Johnson, C. F., "Preventing Emboli After Total Hip", <u>AJN</u> , May 75, pp. 804-806.	Discuss the preoperative preparation of the patient for T.H.R.
Recognize the nurse's role in caring for the post-operative total hip replacement patient.	c. Post Anesthesia Room - RR 1) Traction 2) Positioning - abduction 3) Vital signs 4) Medication - parenteral 5) X-ray	"Nursing the Patient Undergoing Total Hip Arthroplasty", <u>Nursing Clin of N.A.</u> , March 73, pp. 107-116.	Discuss the immediate nursing actions of the nurse in the P for the T.H.R. patient.
Identify possible complications of a total hip replacement including preventative measures, treatments and	d. Post operative 1) Inhalation therapy 2) Physical therapy - exercises 3) Diet 4) Activity	Sculco, "Management of the Patient with an Infected Total Hip Arthroplasty", <u>AJN</u> , April 76, pp. 584-587.	Describe the nursing management of the post-operative T.H.R. patient.
		Smith, Germain, "Care of the Adult Patient", 4th ed., pp. 316-318	List 2 possible complications of a T.H.R. including preventative measures and treatment.
		Check NR Card File for further references under "Orthopedics"	Tell the nurse's responsibility in relation to home-going teaching of the R.G.R. patient.
			List some community resources available for the T.H.R. patient.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
the related nursing care.	5) Medication - oral 6) Hygiene e. Possible complications 1) Preventative measures 2) Treatment f. Home-going teaching g. Community resources		
Identify the rehabilitative needs of the patient in relation to the nurse's role including other members of the health team and their respective services.	C. Rehabilitation 1. Definition 2. Team members 3. Adverse effects of bed rest a. Cardiovascular system b. Respiratory system c. Urinary and bowel d. Musculoskeletal system e. Skin f. Psychological 4. Nurse's role - broad a. Preventative b. Maintaining existing abilities c. Teaching d. Support e. Referral 5. Nurse's role - specific a. Teach and practice body mechanics b. Positioning c. Skin care d. Exercises 1) ROM 2) Passive 3) Active e. Ambulation 1) Cane 2) Walker 3) Crutches 4) Braces 5) Wheelchair	Brower, P., and Hicks, D., "Maintaining Muscle Function in Patients on Bedrest", <u>AJN</u> July 72, pp. 1250-1253. Bumbalo, J. A., et al, "The Self-Help Phenomenon", <u>AJN</u> , Sept. 73 pp. 1588-1591. Foss, G., "Breaking the Architectural Barrier with Crutches, Wheelchairs, and Walkers", <u>Nursing '73</u> , Oct. 73, pp. 17-31. Griffin, W., et al., "Group Exercises for Patients with Limited Motion", <u>AJN</u> , Sept. 71, pp. 1742-1743. Stryker, R. P., <u>Rehabilitative Aspects of Acute and Chronic Nursing Care</u> , Phil, W. B. Saunders, 1972. Johnston & Hood, <u>Total Patient Care</u> , Rehabilitation in Nursing, pp. 132-145.	Define rehabilitation. List the members of the rehabilitative team. Tell the adverse effects of bedrest. Describe the nurse's role in rehabilitating the patient. List the specific nursing responsibilities in relation to the patient with rehabilitation needs. Demonstrate appropriate nursing action while performing or observing patient exercises and ambulation.

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	6. Self care - Eating - Dressing - Personal hygiene - Home adaptations 7. Assistive Services - Physical therapy - Hot packs - Exercises - ambulation - Paraffin application - Traction - Whirlpool - Ultrasound - Occupational therapy - Adapting activities of daily living - Vocational rehabilitation - Job assistance training 8. Community resources - Public Health Nurse - Extended Care Facility - Health on Wheels	Rehabilitation Pamphlets in Vertical File: "Ambulation: A Manual for Nurses" "Homemakers Unlimited" "Homemaking Aids for the Disabled" "Vocational Rehabilitation" Transparency: "Referral Form" Occupational Therapist Lecture, Kay Christianson at Madonna Home Tour of physical therapy unit in Acute Care setting and convalescent home.	

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE LPN Refresher CREDIT HOURS _____
Unit V Considerations for Employment

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
Identify the job opportunities available in relation to the procedure for application. Identify strengths and weaknesses of Refresher Course. Identify needs for further formal or informal education. Identify present requirements for continuing education, refresher course, and work experience with regard to renewal of nursing license.	Unit IV Considerations for Employment A. Opportunities Available B. Personnel Policies C. Application and Interview	Guest Lecture: Prospective Employees Read: Personnel policies from various employing agencies during clinical laboratory. Knahel, Charlotte, "Non-traditional Opportunities for Practical Nurses" JPN 9:77, pg 174 Lucek, Dorothy, "Refresher Course - The First Step", NO September 1968, pp. 23-25 Instructors: Individual clinical evaluation with each participant regarding success or recommendations for further study. Resources for additional continuing education: 1. inservice through employment 2. professional organizations 3. journals 4. health libraries 5. continuing education classes and workshops Presentation of certifications for completing Nurse Refresher Course successfully.	Discuss the job opportunities available within the local community and outside the community. Differentiate between various employer personnel policies. Complete a course self evaluation form. Identify needs for further continuing education and methods of achieving them. Group share with each other their future plans.